

Waiver Case Management

Definition: Services that assist participants in gaining access to needed waiver, State plan and other services, regardless of the funding sources for the services to which access is gained. Waiver case managers are responsible for initiating and/or conducting the process to evaluate and/or re-evaluate the individual's level of care as specified in waiver policy. Waiver case managers are responsible for conducting assessments and service plans as specified in waiver policy. This includes the ongoing monitoring of the provision of services included in the participant's service plan. Waiver case managers are responsible for the ongoing monitoring of the participant's health and welfare, which may include crisis intervention, and referral to non-waiver services.

CMS defines Waiver Case Management (WCM) as “a set of activities that are undertaken to ensure that the waiver participant receives appropriate and necessary services. These activities may include (but are not necessarily limited to) assessment, service plan development, service plan implementation and service monitoring as well as assistance in accessing waiver, State Plan, and other non-Medicaid services and resources.”

****Detailed policy requirements for the provision of WCM are outlined in the DDSN Waiver Case Management Standards. A current copy of the standards is maintained on the DDSN website so they are readily available to Waiver Case Managers at all times.**

Providers: Waiver Case Management Services will only be provided by South Carolina Department of Disabilities and Special Needs (DDSN), a Disabilities and Special Needs (DSN) Board, or a DDSN-qualified Waiver Case Management provider.

Conflict Free Case Management

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging for the Services: Once it is determined that Waiver Case Management services are needed, the participant or his/her family must be informed of the right to choose any qualified provider of WCM. The participant or his/her family must be provided with a listing of qualified providers of Waiver Case Management. The offering of choice must be documented. Choice should be offered at a minimum of annually.

The need for Waiver Case Management must be clearly documented in the participant's plan including the amount and frequency of the service and the provider.

Service Limits: SCDHHS will reimburse for no more than 40 units per calendar quarter per participant of WCM. In exceptional cases, where medical necessity has been demonstrated, additional hours over the 40-unit limit can be approved.

STEPS TO REQUEST ADDITIONAL WAIVER CASE MANAGEMENT

1. Complete the “Request for WCM” form and forward it to your Supervisor along with all of the case notes completed within the quarter that you are requesting additional WCM units. For example, if you are requesting additional WCM units in August to be used through September 30th, you will attach all case notes starting on July 1st.
2. If your Supervisor is in agreement with the request, you will send the “Request for Additional WCM Units” form and the case notes via SComm to WCM Request/ Waiver Case Management Request.
3. The request will be reviewed and sent to SCDHHS for review. SCDHHS has the final authority to approve additional WCM units.
4. You will be notified of the determination via email. If the request is approved, the Support Plan will be updated by the DDSN Waiver Administration Division. If denied, you will be notified of the next steps. All requests must be submitted to DDSN by 5:00 PM on the last day of the quarter.

Monitoring the Services: Waiver Case Managers must ensure that minimum WCM contacts are based on the participant’s needs. A WCM contact is defined as “a meaningful communication exchange with the participant or his representative to provide one or more WCM activities. Methods of contact include face to face conversations and non-face to face telephone calls, text messages, email messages, or written correspondence. The minimum requirements for WCM contacts are as follows:

- A contact at least monthly
- A face to face contact at least once every three (3) months
- A face to face contact in the participant’s residential setting every six (6) months.

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See *Chapter 9* for specific details and procedures regarding written notification and the reconsideration/appeals process.